iowa total care™

Iowa Health Link
Iowa HHS

New Provider Orientation

2024

Presentation Outline

General Session:

- Introduction to Iowa Total Care
- Member Services and Eligibility
- Provider Responsibilities, Access, and Availability
- Contracting and Credentialing
- Electronic Visit Verification
- Claims
- Medical and Utilization Management
- Pharmacy
- Quality
- Resources

About Us

About Us

Centene:

- Iowa Total Care is a subsidiary of Centene Corporation.
- Over 30 years of experience with
  - Medicare,
  - Medicaid, and
  - Specialty Services.

Iowa Total Care:

- NCQA accredited.
- Medicaid.
- Headquartered in West Des Moines.
- Over 500 Iowa Total Care Staff.
  - Locally based health plan staff:
    - Call Center.
    - Provider relations specialists.
    - Clinical quality consultants.
    - Community–based case managers.

Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS

Focus on the Individual

+

Whole Health

+

Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

Commitment to our Partners

Our goal is to help each, and every Iowa Total Care member achieve the highest possible levels of wellness and quality of life, while demonstrating positive clinical results.

Integrated Care

Coordination of Care

Continuity of Care

Member Services and Eligibility

Member Population & Benefits

Iowa Total Care provides health care coverage for enrollees of:

- Iowa Health Link.
- Iowa Health and Wellness Plan.
- Healthy and Well Kids in Iowa (Hawki).

Core Medicaid benefits are covered, and all services are subject to benefit coverage, limitations, and exclusions, as described in the provider manual.

Member Handbook
(iowatotalcare.com/members/medicaid/resources/handbooks-forms.html)

Provider Manual/ Billing Manual
(iowatotalcare.com/providers/resources/forms-resources.html)

Find A Provider

Find an Iowa Total Care Medicaid Provider

Online Tool	Provider Directory	Member Services
Quick and easy	Updated weekly	1-833-404-1061 (TTY: 711)

providersearch.iowatotalcare.com

Iowa Total Care Member Resources

Start Smart for Your Baby®

Start Smart for Your Baby is designed to customize the support and care pregnant members need for a healthy pregnancy and baby. Call Iowa Total Care at **1-833-404-1061** (TTY: 711)**.**

Video Appointments

Iowa Total Care has partnered with **Teladoc Health** (teladochealth.com). Teladoc Health provides 24/7 virtual care for non-emergency issues and services at no added cost to members. Easy to connect to our members by phone or video. Members can call for support with account registration, technical issues, and visit scheduling needs at **1-800-835-2632**.

Free Smartphone from SafeLink Wireless

Iowa Total Care is proud to be working with SafeLink Wireless. This program is offered at no cost to members. Members who qualify get a free smartphone and up to 350 minutes per month. Unlimited texting is included too. For members to apply for this program, visit **SafeLink.com** and use promo code **IATOTALCARE** or call **1-877-631-2550**.

24/7 Nurse Advice Line

Staffed with registered nurses. Assistance in English and Spanish is available. If members speak a different language, they can ask for an interpreter. To access the **24/7 Nurse Advice Line**, call Iowa Total Care at **1-833-404-1061** (TTY: 711).

Language Access Services

Access to interpreters over the phone, face-to-face, or via video remote interpretation. You can get interpreters for American Sign Language, too. Just call Iowa Total Care at **1-833-404-1061** (TTY: 711) for help.

iowatotalcare.findhelp.com

Online tool that connects people in need to the programs that serve them. Members can search for places that can help with food, housing, transportation, jobs, and more! To find resources near them, visit **iowatotalcare.findhelp.com**. Then members will enter their ZIP code to find help near them.

Questions? Call 1-833-404-1061 (TTY: 711)

Access2Care (A2C)

Non-Emergent Medical Transportation (NEMT)

- Eligible Medicaid members, or providers on the members behalf, may request a ride for a medically necessary appointment.
- For non-urgent medical needs or routine appointments, members ages 16 or older can schedule rides as follows:
  - Call at least 2 business days in advance of the member appointment.
  - Reservations can be made up to 30 days in advance.
  - If a member needs a ride to dialysis, chemotherapy or radiation treatments, you can schedule a ride up to 90 days in advance.

To schedule a ride, please call Access2Care at 1-877-271-4819.

Member return ride please call 1-844-521-9948.

Member Eligibility Verification

Eligibility can be validated one of three ways:

Using the Provider Portal.
(iowatotalcare.com/providers.html)

Calling the member eligibility interactive voice response (IVR) self-service system:
1-833-404-1061 (TTY: 711).

Calling Iowa Total Care Provider Services:
1-833-404-1061 (TTY: 711).

To verify eligibility, be sure to have the following information available:

- Member Name
- Medicaid ID Number
- DOB

The Portal and IVR provide 24/7 self-service convenience.

Member ID Cards

The following are samples of the Iowa Total Care member ID cards:

Member Grievances and Appeals

With the written consent of the member, providers or authorized representatives, acting on behalf of the member may request an appeal, file a grievance, or request a State Fair Hearing.

For appeals: use the **Authorized Representative Designation form**.
For grievances: use the **Release of Information form**.

- Both forms are located on the **Member Forms webpage** (iowatotalcare.com/members/medicaid/resources/handbooks-forms.html).

Refer to the **Provider Manual** (iowatotalcare.com/providers/resources/forms-resources.html) for information on how to file a member grievance, appeal, and State Fair Hearing, along with details on timely filing deadlines.

Provider Responsibilities, Access, and Availability

Provider Responsibilities

Some provider responsibilities include, and are not limited to:

- Initial credentialing and re-credentialing every 36 months.
- ADA compliance (including parking and entry pathways).
- Encourage members to execute an Advance Directive and remain in compliance with Advance Directive requirements.
- Billing primary insurance prior to Iowa Total Care.
- Communicate provider change of address, addition and termination of practitioners, and other important notifications.

Provider Responsibilities, *continued*

- Maintain accurate and complete medical records.
  - Provider Manual, subsection required information or the Medical Records Review policy IA.QI.13.
- Render medically necessary and appropriate levels of care to members.
- Ensure primary care provider (PCP) and Specialty access 24 hours a day, 7 days a week.
- Specialist coordination and communication with PCPs.
- Member non-discrimination based on race, color, national origin, disability, age, sex religion, mental or physical disability, or limited English proficiency.

Provider Access & Availability

Appointment Access & Availability Standards

Network providers must comply with all access standards.

For a complete list of standards, refer to the provider manual.

Hospital Emergency Availability

- 24 hours / 7 days a week.

Primary Care Physician Availability

- Urgent: within 24 hours.
- Routine appointment: 4 – 6 weeks from the date of patient's request.

Behavioral Health Availability

- Urgent: within 1 hour of presentation at service delivery site or within twenty-four (24) hours of telephone contact with provider or Iowa Total Care.
- Routine appointment: within 3 weeks of request for an appointment.

Specialty Provider Availability

- Urgent: within 24 hours.
- Routine care: within 30 days.

Fraud, Waste, and Abuse

Identifying and Reporting Most Common Issues:

- Use of incorrect billing code.
- Not following the service authorization.
- Inaccurate procedure codes for the provided service.
- Excessive use of units not authorized by the care coordinator.
- Lending of insurance card.

Reporting	Iowa Medicaid Program Integrity Unit: **1-877-446-3787** Iowa Total Care Fraud and Abuse Line: **1-866-685-8664**

Child and Dependent Adult Abuse

Mandatory Reporting of Suspected Child and Dependent Adult Abuse

Reporting requirements apply to providers who are mandatory reporters under Iowa law.

Providers have a responsibility to report known or suspected child or dependent adult abuse.

To report suspected child (under age 18) abuse or neglect, call the Child Abuse Hotline at 1-800-362-2178.	**Additional Information:** hhs.iowa.gov/programs/CPS
To report abuse, neglect, exploitation, or self-neglect of a dependent adult, call 1-800-362-2178.	**Additional Information:** hhs.iowa.gov/programs/programs-and-services/adult-protective-services

Critical Incidents and Reporting

- Events that compromise the member's health or welfare.
- Critical incidents and reporting are applicable to members receiving Home- and Community-Based Services (HCBS) Waiver and Habilitation Services.
- Major events that fall under critical incidents:
  - Medication error with a negative outcome.
  - Abuse.
  - Death.
  - Physical injury.
  - Emergency mental health concern.
  - Law enforcement intervention.
  - Location unknown.
- Report critical incident by direct entry into Iowa Medicaid Portal Access (IMPA) (secureapp.dhs.state.ia.us/IMPA/Default.aspx) system.
  - Provider must submit major incidents to IMPA by the end of the next calendar day.

  Note: As of July 1, 2023, Iowa Medicaid Critical Incident Report form 470-4698 will no longer be used to report incidents.

Have questions?

Email QOCCIR@IowaTotalCare.com.

Need to register with IMPA?

Complete registration form in IMPA (tfaforms.com/243237).

Enrollments Steps for Consumer Directed Attendant Care

Individual Consumer–Directed Attendant Care (ICDAC) Enrollment

1. Complete CareBridge Electronic Visit Verification (EVV) Training

Website: https://www.carebridgehealth.com/trainingiaevv
Phone: 1-844-343-3653
Email: IAEVV@CareBridgeHealth.com

2. Contact Iowa Total Care

Contact: Iowa Total Care Provider Services
Phone: 1-833-404-1061 (TTY: 711)
Email: NetworkManagement@iowatotalcare.com

3. Talk With a Case Manager

- Once ICDAC provider is approved by Iowa Medicaid, an Iowa Total Care case manager will contact ICDAC provider to obtain NPI.

Individual Consumer–Directed Attendant Care Enrollment

4. Enroll with EVV

- ICDAC providers will receive a CareBridge information packet from Iowa Total Care by mail.
  - Upon receipt, ICDAC provider must become a registered user of EVV prior to providing services.
- Contact CareBridge for Provider Identification Number.
  - This is different than ICDAC provider NPI.
- Provider ID number will be used to log into CareBridge to check-in and check-out of a visit.

For information or questions about EVV, visit the CareBridge Document Library (carebridgehealth.zendesk.com/hc/en-us/articles/1500012355642-ICDAC-Document-Library).

Individual Consumer–Directed Attendant Care Enrollment

5. Enroll with Payspan

PaySpan allows providers to receive electronic funds directly into your bank account.

- Providers will need their NPI and Tax ID Number (TIN) to enroll.
- To register, call Payspan for a registration code at 1-877-331-7154, option 1 (available Monday-Friday from 7 a.m. – 7 p.m.).
- Visit Payspan website (payspanhealth.com/nps) to register.

For additional resources, visit Iowa Total Care's Individual CDAC Providers webpage (iowatotalcare.com/providers/become-a-provider/individual-cdac.html).

Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV): CDAC and Homemaker

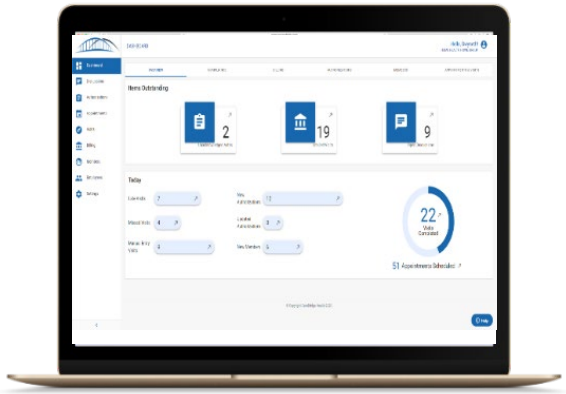
As of 2021, EVV began for CDAC and Homemaker services. This is now a requirement for service provision and payment. CareBridge is the chosen EVV vendor in Iowa.

The following CDAC and Homemaker services require EVV*:

- S5125 ATTENDANT CARE SERVICES, PER 15 MINUTES
- S5130 HOMEMAKER NOS, PER 15 MINUTES
- S5131 HOMEMAKER NOS, PER DIEM
- T1019 PERSONAL CARE SERVICES, PER 15 MINUTES

*Assisted Living Facilities (ALF) and Residential Care Facilities (RCF) providers who use their own shift workers to complete these services are exempt from the EVV requirement.

While ALF and RCF were allowed to opt out for LTSS personal care services, the ALF and RCF who provide Home Health Care Services (HHCS) may not opt out of this requirement to participate in EVV for HHCS.



Contact CareBridge:
Phone: 1-844-343-3653
Email: iaevv@carebridgehealth.com

Additional information can be found on Iowa Medicaid Informational Letter 2525-MC.

Electronic Visit Verification (EVV): Home Health Care Services

As of 2024, EVV began for Home Health Care Services. This is now a requirement for service provision and payment. CareBridge is the chosen EVV vendor in Iowa.

The following Home Health Care Services require EVV*:

CODE	Modifier	Description
S9122	None	Home Health Aide, when billed without a revenue code (waiver; non-waiver)
S9123	None	Nursing Care, RN, (waiver, non-waiver)
S9124	None	Nursing Care, LPN, (waiver, non-waiver)
T1002	None	Nursing Care, RN, IMMT, home
T1003	None	Nursing Care, LPN, IMMT, home
T1004	None and U3	Home Health Aide, IMMT, home
T1021	None	Home Health Aide, home
T1030	None	Nursing Care, RN, home
T1031	None	Nursing Care, LPN, home
G0151	None	Physical Therapist (PT), home health setting or hospice

Electronic Visit Verification (EVV): Home Health Care Services, *continued*

CODE	Modifier	Description
G0152	None	Occupational Therapist (OT), home health setting or hospice
G0153	None	Speech Language Pathologist (SLP or ST), home health setting or hospice
G0156	None	Home Health Aide, home health or hospice setting
G0158	None	OT Assistant, home health setting or hospice
G0159	None	PT, home health setting
G0160	None	OT, home health setting
G0161	None	SLP, home health setting
G0299	None	RN Direct Care, home health or hospice setting
G0300	None	LPD Direct Care, home health or hospice

*Assisted Living Facilities (ALF) and Residential Care Facilities (RCF) providers who use their own shift workers to complete these services are exempt from the EVV requirement.

While ALF and RCF were allowed to opt out for LTSS personal care services, the ALF and RCF who provide HHCS may not opt out of this requirement to participate in EVV for HHCS.

Contact CareBridge:
Phone: 1-844-343-3653
Email: iaevv@carebridgehealth.com

Additional information can be found on Iowa Medicaid Informational Letter 2525-MC.

Electronic Visit Verification (EVV), *continued*

Keep in mind when utilizing EVV…

- When utilizing CareBridge as your only documentation source, **ALL** the same components are required.
  - This includes any previously required narrative documentation.
- Manually entered visits should **only** occur due to issues with logging in at the time-of-service provision.
- Log into CareBridge:
  - CareBridge EVV Application.
  - IVR.

Who can answer questions?

Case manager can answer questions regarding:

- Authorizations, service plans, member eligibility, etc.

Provider Services team can answer questions regarding:

- Claim issues, payment issues, etc.

CareBridge team can answer questions regarding:

- Issues with using the application/IVR, logging in to the app, trainings, etc.

Visit CareBridge for:

CareBridge Training (carebridgehealth.com/trainingiaevv)

CareBridge Document Library (carebridgehealth.zendesk.com/hc/en-us/articles/1500012355642-ICDAC-Document-Library)

CareBridge Requesting Login Credentials (app.smartsheet.com/b/form/c8e57ec65987456a9c21212f184d77e4)

Claims

Claims Processing: Claim Submissions

Electronic Visit Verification (EVV)

Effective 2021, EVV is required for CDAC and Homemaker services.

Effective 2024, EVV is required for both waiver and non-waiver Home Health Care Services.

CareBridge:
1-844-343-3653
7 a.m. to 5 p.m.
IAEVV@CareBridgeHealth.com

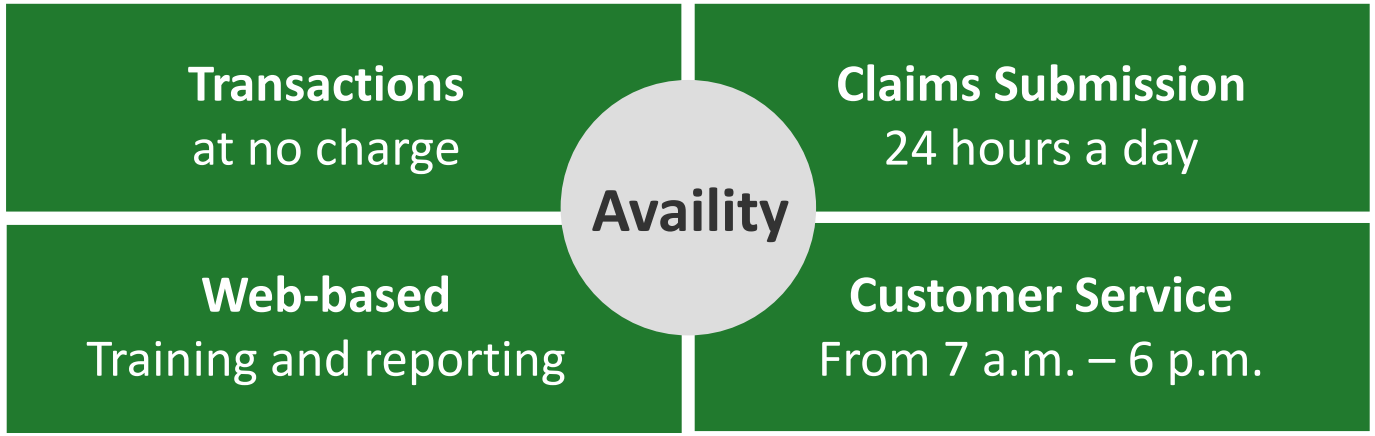
All Other In-Network Providers

All claims must be submitted electronically to Iowa Total Care utilizing the
Provider Portal
(provider.iowatotalcare.com)

Or using the
Provider's Clearinghouse:
Iowa Total Care
c/o Centene EDI Dept.
Email: ediba@centene.com
Payor ID: 68069
1-800-225-2573 (x 25525)

Claims Processing: Clearinghouse

Availity is the preferred clearinghouse, offering the following value services:



Iowa Total Care also accepts transmissions from Change Healthcare and Ability

Other clearinghouses not listed above will need to be reviewed on an individual request basis.

Claims Processing: Submission and Payment Timings

Claim Type	Submission Timing
New clean claim	180 calendar days from date of service.
Retroactive eligibility claims	365 calendar days from the notice date.
Secondary payer	365 calendar days from final determination of the primary payer.
Third-party submission and no reply	After 30 calendar days of no reply, claims accepted for 12 months from date of service.
Claim Type	**Payment Timing**
New clean claim	90% within 30 calendar days of receipt.
	95% within 45 calendar days of receipt.
	99% within 90 calendar days of receipt.
Claim Type	**Payment Timing**
Claim reconsiderations	180 days from the date of on the Explanation of Payment (EOP) or Provider Remittance Advice (PRA).

Claims: Electronic Payment

Contact Information:
1-877-331-7154 x1 *(available Monday – Friday, from 7 a.m. to 7 p.m.)*
ProviderSupport@PayspanHealth.com
www.payspan.com

Improve cash flow
by getting payments faster.

Settle claims electronically
through electronic fund transfers (EFTs) and electronic remittance advices (ERAs).

Maintain control over bank accounts
by routing EFTs to the bank account(s) of your choice.

Match payments to advices quickly
and easily re-associate payments with claims.

Manage multiple payers
including any payers that are using Payspan to settle claims.

Eliminate re-keying of remittance data
by choosing how you want to receive remittance details.

Create custom reports
including ACH summary reports, monthly summary reports, and payment reports sorted by date.

Iowa Total Care Departmental Resources

Claim Dispute Process

A claim payment dispute involves a finalized claim in which a provider disagrees with the outcome.

1st DISPUTE STEP: RECONSIDERATION

- Provider can request to have the outcome of the finalized claim reviewed.
- There are two methods of submission:
  - **Submit via the Secure Provider Portal** *(this is the recommended method)*.
  - **Submit Provider Dispute form** (available on Iowa Total Care website) **by mail** to the address below.
- **Submission of request must be within 180 calendar days** from the date of EOP or PRA.

2nd DISPUTE STEP: APPEAL

- Provider can request an appeal of the outcome.
- **Request must be submitted on a Provider Dispute Form**.
  - **Form must be submitted by mail** to the address below.
- **Submission of request must be within 30 calendar days** from the reconsideration determination letter.
- Include as much information as possible to assist with determination review.

To submit disputes by mail:

Iowa Total Care
Attn: Claim Disputes
PO Box 8030
Farmington, MO 63640-0830

Provider Portal
(provider.iowatotalcare.com)

Provider Dispute Form
(iowatotalcare.com/providers/resources/forms-resources.html)

Provider Complaints

Providers have the right to file a complaint with Iowa Total Care.

- Provider complaints can be filed regarding policies, procedures, or administrative processes in place at Iowa Total Care.
  - **Provider Formal Administrative Complaint Form** (iowatotalcare.com/providers/resources/forms-resources.html)
- Provider complaints should be resolved within 30 calendar days.
  - An extension of an additional 14 days can be requested for resolving the complaint, by either Iowa Total Care or the provider.

ProviderRelations@IowaTotalCare.com

Phone: 1-833-404-1061 (TTY: 711)

Monday – Friday from 7:30 a.m. to 6 p.m.

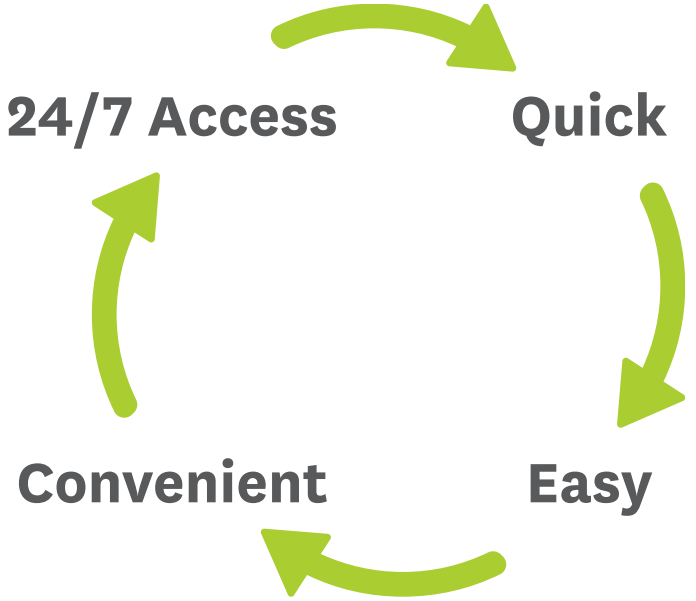
Fax: 1-833-208-1397

Iowa Total Care
Attn: Complaints
1080 Jordan Creek Parkway, Suite 400 South
West Des Moines, Iowa 50266

Provider Resources: Iowa Total Care Website

The Iowa Total Care website is designed to allow providers to have 24/7 access to key information for timely service.

- Prior Authorization checker.
- Clinical guidelines.
- Provider/Billing manual.
- Contract request forms.
- Provider alerts.
- Provider newsletter.
- Information on disability access.
- Various operational and patient care forms.
- Provider relations specialist contact information.
- Provider education material and training schedules.
- System configuration updates, list of known claims issues.



Visit IowaTotalCare.com.

Provider Resources: Informational Updates

Iowa Total Care will keep providers aware of medical policy changes, payment and operational updates, and announcements using the following communication channels:

Iowa Total Care follows all applicable state and federal laws such as, but not limited to:

- 42 CFR.
- Part 438.
- 441 IAC Chapter 73.

Iowa Total Care follows policy changes distributed in Iowa Medicaid Informational Letters (secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx).

Provider Resources: Secure Provider Portal

After registering to access the secure provider portal, the following tools are available to easily view and share information:

- Check member eligibility.
- View the PCP panel (patient list).
- View and submit prior authorizations and member health records.
- Determine payment/check clear dates.
- View and print explanation of payment (EOPs).
- Access payment history.
- Manage and submit claims.
- Submit claims disputes.
- Access daily patient lists.
- Patient care gaps.
- View patient demographics and history.
- Download member roster.
- Complete member assessments and referrals.
- Access pay-for-performance reporting, payment, and member gap in care list.

Ready to register?

Access the Provider Portal (provider.iowatotalcare.com)
then click the ‘Create New Account’ link under the ‘Log In’ button.

Provider Resources: Provider Services

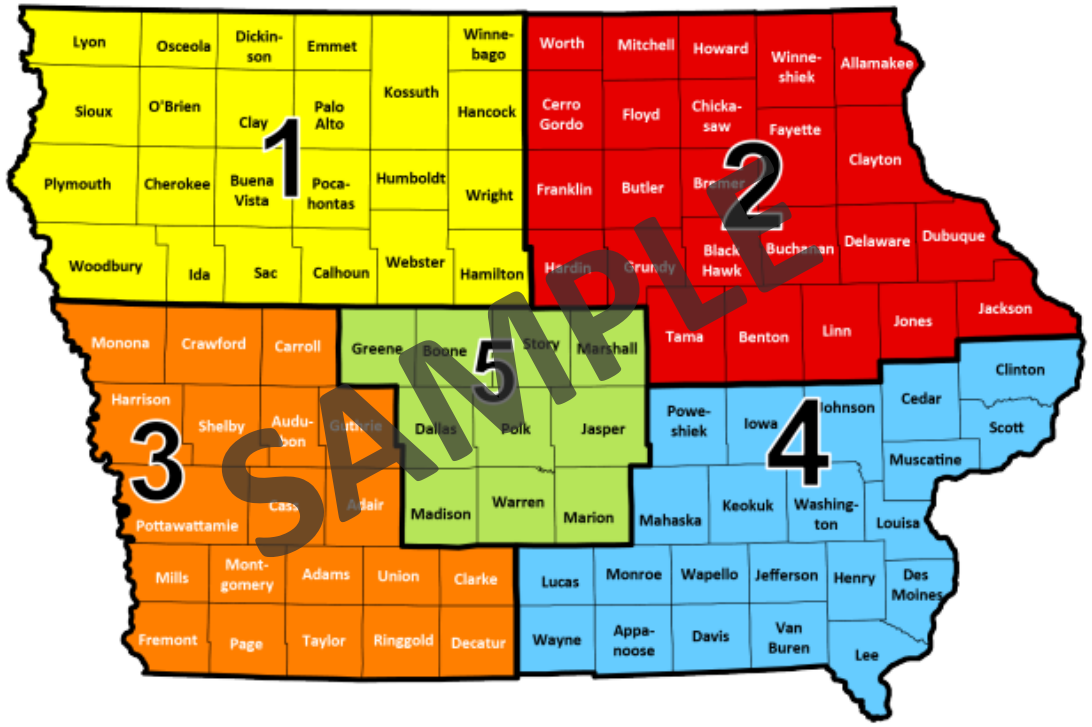
The Provider Services department includes trained representatives who are available to respond quickly and efficiently to all provider inquiries and requests.

By calling **1-833-404-1061 (TTY: 711)** between the hours of **7:30 a.m. to 6 p.m.,** providers can access real-time assistance including, but not limited to:

- Credentialing/network status.
- Claims status inquiries.
- Facilitate requests for adding/deleting physicians to an existing group.
- Iowa Total Care website review and provider portal questions/registration.
- Facilitate inquiries related to administrative policies, procedures, and operational issues.
- Complimentary interpretation services.

Provider Resources: Provider Relations

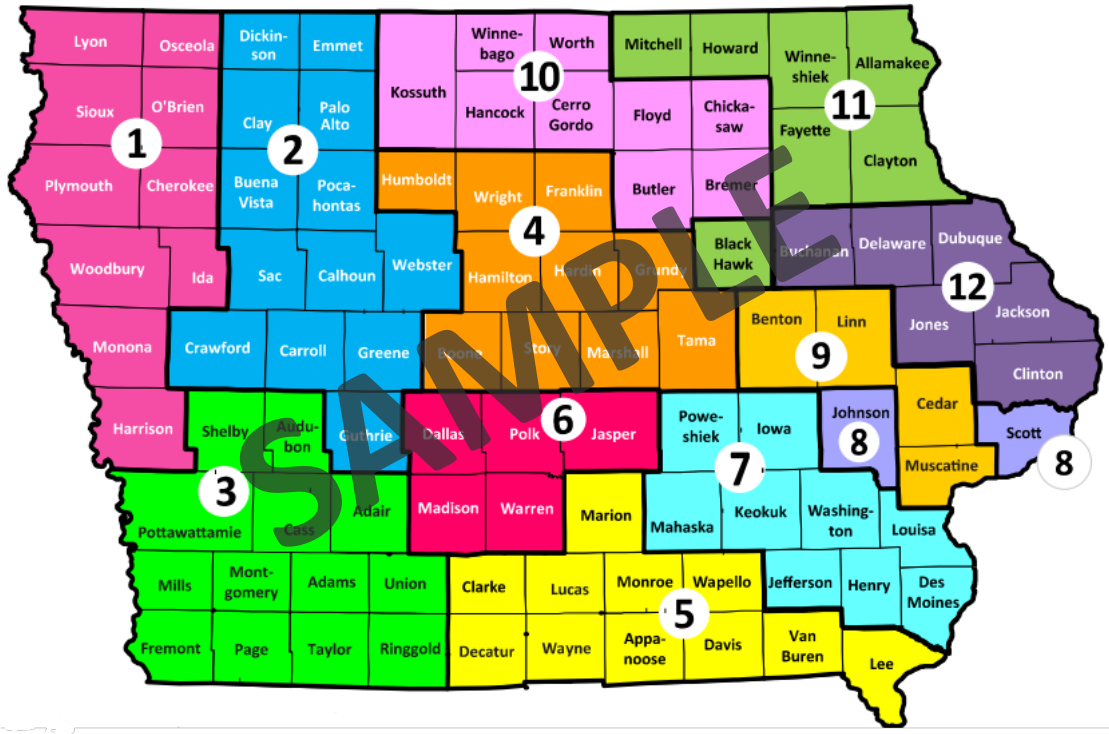
Each provider will have a **provider relations specialist** assigned to them (by region) who serves as the primary liaison between Iowa Total Care and the network providers.



Need a current provider relations specialist territory map?
Visit Iowa Total Care Territory Maps (iowatotalcare.com/territory-maps.html).

Provider Resources: Long-Term Services and Supports (LTSS)

The LTSS team has managers assigned across the state who are available to assist with LTSS questions regarding case management, service authorizations, service plans, etc.



Need a current LTSS community-based case managers map?
Visit Iowa Total Care Territory Maps (iowatotalcare.com/territory-maps.html).

HCBS Case Management

A person-centered planning approach incorporates the full range of physical health, behavioral health, and support services that address functional, social, and other needs.

Case managers:

- Engage with member's chosen team.
- Coordinate services to minimize silos.

Members remain at the center of our award-winning Integrated Care Model (ICM).

Qualified provider partners ensure members:

- Receive authorized services.
- Reside in appropriate settings.
- Engage in their community.
- Have the opportunity to work/volunteer.
- Receive reassessments if a significant change is observed.

Member protections including appropriate health and welfare assurances and safeguards, critical incident reporting (CIR).

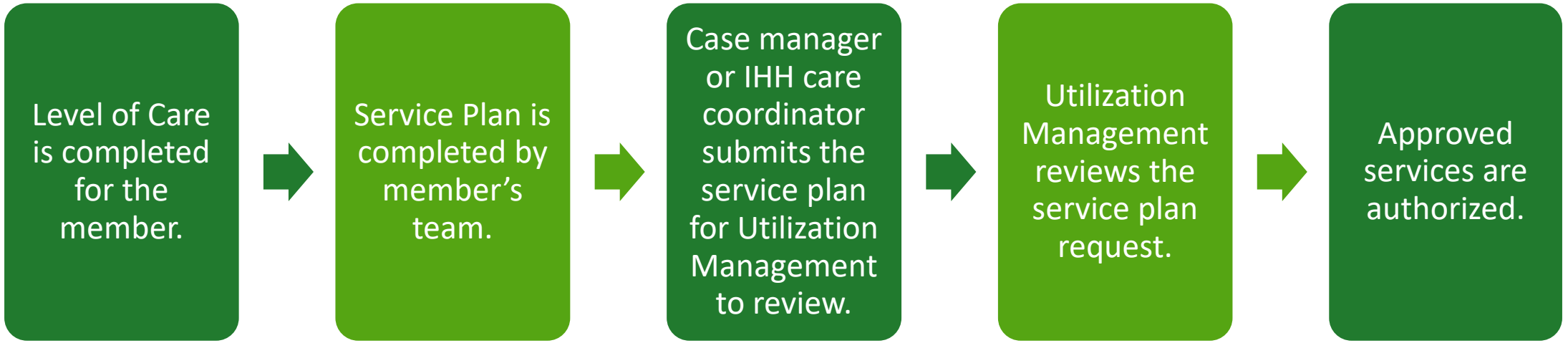
LTSS Benefits

LTSS benefits include:

- **Home- and Community-Based Services (HCBS)**
  - Provides services and supports through the waiver and habilitation programs to help members remain as independent as possible in their home and community.
- **Facility**
  - Provides long-term care in an inpatient setting.
- **Integrated Health Home**
  - Provides services and supports in the member's home as part of the Medicaid State Plan of Services.

Prior Authorizations: LTSS

For all waiver and Habilitation services, the service plan is the prior authorization request. The case manager or Integrated Health Home (IHH) coordinator will meet with the service plan team to discuss what services are needed for the member to be successful in the next year. The case manager or IHH coordinator will then submit the service plan for Utilization Management (UM) review.



Medical and Utilization Management

Medical Management

Contacting Medical Management

- A 24/7 nurse advice hotline is available after hours and on holidays to answer questions about prior authorizations and for notifying community-based case management for urgent LTSS situations.

Department Hours: Monday – Friday from 8 a.m. to 5 p.m.

To contact Medical Management, call Provider Services:
1-833-404-1061 (TTY: 711)

Care Management

Care coordination is designed to help members obtain needed services using a multi-disciplinary care management team that promotes:

- Continuity of care.
- A holistic approach yielding better outcomes.
- Discharge planning and personalized care plans.
- The delivery of quality, comprehensive care services within the community.
- Rapid and thorough identification and assessment of program participants, especially members with special health care needs.

It is critically important to notify Iowa Total Care, as expeditiously as warranted by the member's circumstances, of any significant changes in the member's condition or care, hospitalization, or recommendations for additional services.

Care Management: Key Care Coordination

- Integrated Health Home (IHH) care management meet with the member's care team.
- Timely notification of discharge allows Iowa Total Care to begin post-hospitalization outreach to assist members with needed follow-up care.
  - Post-discharge outreach attempted within 24 hours of discharge notification to review discharge instructions, confirm needed services have been set up and to ensure safe transition home.

Integrated Health Home: A Model of Care

Eligible Plan Types

- Members who get full Medicaid benefits.
- Members who get full Medicaid benefits who also have Medicare.
- Member who have full Medicaid benefits who also have private insurance.

Members in the Following Programs Are Not Eligible for IHH

- Iowa Health and Wellness.
- Hawki.
- Family Planning Program (FPP).
- Presumptive Eligible.
- Qualified Medicare Beneficiary.
- Program of All-Inclusive Care for the Elderly (PACE).
- Special Low-Income Medicare Beneficiary.

Team is engaged with behavioral health (BH) providers, primary care clinics, specialist clinics, hospitals, etc…

Visit Department of Human Services website for IHH Provider List (hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/integrated-health-home).

Integrated Health Home: Member Choice & Enrollment

Member Choice

- Eligible individuals must agree to participate in the health home program.
- Providers, Iowa Medicaid, or MCO may also identify and refer members to a health home.
- In either situation, the member will always be presented with the choice to opt-out at any time.

Enrollment

- Members must have:
  - A mental health diagnosis and
  - An identified functional impairment.
- Diagnosis and functional impairment must be completed by a licensed mental health professional within 365 days of enrollment.

Integrated Health Home: Responsibilities

Integrated Health Home Core Services	Role Responsibility
Comprehensive Care Management	• Nurse or care coordinator.
Care Coordination	• Nurse or care coordinator.
Comprehensive Transitional Care	• Peer support specialist or family support specialist. • Nurse or care coordinator at the IHH may receive assistance from the lead entity to perform transitional services.

Integrated Health Home: Responsibilities

Integrated Health Home Core Services	Role Responsibility
Health Promotion	• Nurse.
Individual and Family Support Services	• Peer support or family support specialist. – Teach wellness self-management approaches. – Help engage in other services and supports, including primary care. – Share experiential knowledge. – Peer specialists can help members better participate in service planning.
Referral to Community and Social Support Services	• Nurse or care coordinators. • Peer support or family support specialist.

For additional information, visit Iowa Total Care's Integrated Health Home (IHH) webpage (iowatotalcare.com/providers/resources/health-homes/integrated-health-home.html).

IHH Prior Authorizations: How to Submit

There are two ways to submit a Health Home Notification Form for authorizations to Iowa Total Care:

Client Portal

client.envolvehealth.com

Fax

Fax: 1-833-864-9673

Note: Children's Mental Health Waiver and Habilitation Services are authorized based on the IHH person-centered service plan once submitted to Iowa Total Care.

Clinical Practice Guidelines

Examples of Clinical Practice Guidelines adopted by Iowa Total Care include:

- American Academy of Pediatrics: Recommendations for Preventative Pediatric Health Care.
- American Diabetes Association: Standards of Medical Care in Diabetes.
- Centers for Disease Control and Prevention (CDC): Adult and Child Immunization Schedules.
- National Heart, Lung, and Blood Institute: Guidelines for the Diagnosis and Management of Asthma and Guidelines for Management of Sickle Cell.
- U.S. Preventive Services Task Force Recommendations for Adult Preventative Health.
- American Psychiatric Association.

Adherence to the guidelines will be evaluated at least annually as part of the Quality Management Program.

Visit Clinical, Payment & Pharmacy Policies webpage.
(iowatotalcare.com/providers/resources/clinical-payment-policies.html).
Paper copies can be requested by calling Provider Services: 1-833-404-1061 (TTY: 711).

Prior Authorizations

Iowa Total Care uses prior authorizations to ensure that all care delivered to our members is medically necessary and appropriate, based on the member's type and severity of condition. We work with our contracted providers to review certain testing and treatment decisions and verify that they are consistent with our clinical policies and philosophy of care.

- Medically necessary services.
- Failure to obtain a prior authorization may result in claim denials.
  - Members cannot be billed for services denied for lack of prior authorization.
- Non-Par providers must have all services prior authorized except for:
  - Family planning, emergency room, post-stabilization services and tabletop x-rays.
    - These services are also excluded for par provider authorization requirements.
- An authorization is **not** a guarantee of payment.
  - Members must be eligible at time of service.
  - Service must be a covered benefit.
  - Services must be billed correctly.

Use Iowa Total Care's Prior Authorization Check Tool

(iowatotalcare.com/providers/preauth-check.html).

Prior Authorizations: How to Submit

There are three ways to submit prior authorizations to Iowa Total Care:

Provider Portal

- provider.iowatotalcare.com
- Fax form from the Provider Portal: 1-833-257-8320

Fax

- For prior authorization forms, visit Iowa Total Care's Manuals, Forms and Resources webpage, (iowatotalcare.com/providers/resources/forms-resources.html).
- **Physical Health:**
  Fax: 1-833-257-8327
  Behavioral Health:
  Fax Outpatient: 1-844-908-1170
  Fax Inpatient: 1-844-908-1169
- **Buy and Bill Medications:**
  Fax: 1-833-711-0485

Call for Assistance

- **Medical Management:**
  1-833-404-1061 (TTY: 711)
  Behavioral Health:
  x603-2924
- Hours: 8 a.m. to 5 p.m.
  Monday – Friday
  (excluding holidays)

Requests received after normal business hours will be processed the next business day.

Prior Authorizations: Provider Submission Timings

Failure to obtain prior authorization may result in claim denials.

PROVIDER SUBMISSION TIMINGS	
Scheduled Admissions/ Elective Outpatient Services	5 business days prior to service. Behavioral Health is up to 30 days in advance.
Emergent Inpatient Admissions	Inpatient: within 24 hours or next business day of admission.
Observation	No authorization or notification required for in-network providers.
Crisis Intervention	Within 2 business days.
Delivery	Notification within 2 business days of delivery.
Neonatal Intensive Care Unit (NICU) Admit	Within 24 hours or next business day of admission.

Convenience/scheduling alone do not equal “Urgent” status.

Prior Authorizations: Iowa Total Care Review Timings

Definition of Urgent

- **Inpatient (IP) Urgent:**
  - Medically necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function, within 24 hours.
- **Outpatient (OP) Urgent:**
  - Medically necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function, within 72 hours.

IOWA TOTAL CARE REVIEW TIMINGS	
Standard Non-Urgent	14 calendar days.
Expedited Preservice/Urgent	Inpatient: 24 hours; Outpatient: 72 hours.
Inpatient/Concurrent Review	72 hours.
Retrospective Review	30 days.

Provider Authorizations: Peer-to-Peer and Retrospective Reviews

Peer-to-Peer Requests

- Request within **2 business days** after verbal notification of denial.
- To request, call **Provider Services:**
  - **1-833-404-1061 (TTY: 711)**.
  - Select option 2, then option 5.
- For **Behavioral Health**, call:
  - **1-833-404-1061 (TTY: 711).**
  - Select option 2, then option 13.

Retrospective Reviews

- Applies to authorizations not obtained timely due to extenuating circumstances (e.g., member unconscious).
- Submit promptly but no later than 90 calendar days from date of service.
- Iowa Total Care will make a decision 30 days from the date of request contingent on submission timings being met.
- Submission and payment timing on retroactive eligibility claims are 365 calendar days from the notice date.

Pharmacy Medication Billed to Medical Benefit Example (J code, Q code, S code, etc.)

As of July 2022, NCQA has added the requirement that all prior authorization requests for ***Covered Outpatient Drugs*** be completed within 24 hours, which we interpret to be by the end of the next calendar day after we receive a request.

It is possible to extend that time out if:

- We have not received enough information to make a determination, and we have specifically requested that information from the provider, and
- There is agreement that we may extend the time allowed to make a decision (72 hours for an urgent and 14 calendar days for a standard).

For pharmacy prior authorization requests (things you go to the pharmacy to pick up and take at home), this standard is already followed. What has changed is that we are now also following this turnaround time for requests for medical side (CPT-code) drugs that are given in a clinic or a doctor's office.

IOWA TOTAL CARE COVERED OUTPATIENT DRUG REVIEW TIMINGS	
Standard Review (no additional information needed)	End of next calendar day after Iowa Total care receives request.
Approved Extended Review: Standard	14 calendar days.
Approved Extended Review: Urgent	72 hours after Iowa Total Care receives request.

Prior Authorizations: Evolent

Iowa Total Care has contracted with Evolent for radiology benefit management and certain cardiac studies.

Evolent Portal
(radmd.com/radmd-home.aspx)

Phone: 1-833-404-1061 (TTY: 711), including expedited requests
Hours: 7:30 a.m. to 6 p.m. Monday – Friday *(excluding holidays)*

Advanced Imaging

Prior authorization is required for the following outpatient radiology procedures:

- CT/CTA/CCTA.
- MRI/MRA.
- PET scan.

Cardiac

Prior authorization is required for the following cardiac procedures:

- Myocardial Perfusion Imaging (MPI).
- MUGA scan.
- Echocardiography.
- Stress echocardiography.

Prior Authorizations: Evolent

Iowa Total Care has contracted with Evolent for interventional pain management (IPM) and physical medicine (therapy).

Evolent Portal
(radmd.com/radmd-home.aspx)

Phone: 1-833-404-1061 (TTY: 711), including expedited requests
Hours: 7:30 a.m. to 6 p.m. Monday – Friday *(excluding holidays)*

Interventional Pain Management

Prior authorization program that include non-emergent outpatient Medical Specialty Solution procedures:

- Spinal epidural injections.
- Paravertebral facet joint injections or blocks.
- Paravertebral facet joint denervation (radiofrequency (RF) neurolysis).
- Sacroiliac joint injections.
- Spinal cord stimulators.

Physical Medicine (Therapy)

Services managed and authorized by Evolent will include outpatient:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Pharmacy

Pharmacy

Iowa Total Care adheres to the State of Iowa Preferred Drug List (PDL) to determine medications that are covered under the Iowa Total Care Pharmacy Benefit, as well as which medications may require prior authorization (PA).

State of Iowa Preferred Drug List (PDL)
(iowamedicaidpdl.com/preferred_drug_lists)

Some members may have copayment or cost share when utilizing their prescription benefits. For additional information, refer to the Iowa Total Care member ID card or call Iowa Total Care: **1-833-404-1061 (TTY: 711)**.

Pharmacy Benefit Manager: Express Scripts

Express Scripts is the pharmacy benefit manager (PBM) providing comprehensive services for the maintenance of the pharmacy program.

Iowa Total Care works with our internal Centene Pharmacy Services (CPS) team and Express Scripts to administer pharmacy benefits, including the prior authorization process.

Medications that require prior authorization can be found on the Iowa Medicaid Preferred Drug List noted as follows:

- Preferred medications indicated in the comment section as ‘PA required’.
- Non-Preferred and Non-Recommended (NR) medications on an individual basis with supporting medical necessity documentation.
- New drug entities prior to review by the Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee and formal placement on the Preferred Drug List.

Prior authorization requests should be submitted to CPS.

Centene Pharmacy Services: Prior Authorizations

Pharmacy Prior Authorization Submissions

- **Electronic Portal** (covermymeds.com/main/prior-authorization-forms)
- **Help Desk Phone:** 1-866-399-0928
- **Provider Fax:** 1-833-404-2392

Pharmacy Prior Authorization Review Timings:

- 24-hour turnaround time for decision.
- 72-hour supply of medication may be dispensed by the pharmacy to any patient awaiting a prior authorization determination in the event of an emergency, unless otherwise noted on the **Iowa Medicaid Preferred Drug List** (iowamedicaidpdl.com).
- Requests received after normal business hours will be processed the next business day.

Centene Pharmacy Services Prior Authorization Department Business Hours:
7 a.m. to 8:30 p.m. CT, Monday – Friday *(excluding holidays)*

For additional pharmacy information, visit the Pharmacy webpage
(iowatotalcare.com/providers/pharmacy.html).

Pharmacists as Providers

Iowa Medicaid is now recognizing Pharmacists as providers, with some limitations.

- Pharmacists must be enrolled as providers with Iowa Medicaid.
- Pharmacists must be contracted with Iowa Total Care as providers.
- Billing, for certain services, must be done medically, rather than through the pharmacy point-of-sale side.

Additional information can be found on Iowa Medicaid Informational Letters 2353, 2190, 2232 and 2254.

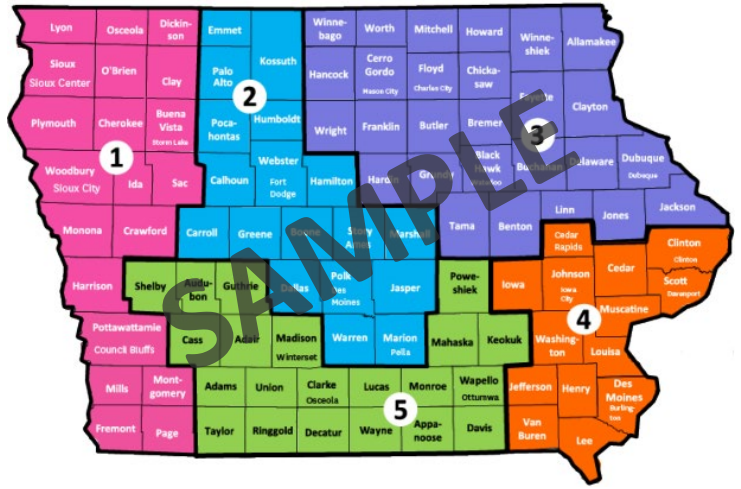
Quality

Provider Engagement

Iowa Total Care's primary quality goal is to improve members' health status through a variety of meaningful quality improvement activities, implemented across all care settings and aimed at improving the quality of care and services delivered. We focus on collaborating with providers to generate positive member health outcomes, improved population health and ensuring our members are receiving the highest level of quality care.

To assist in providing quality health outcome, Iowa Total Care has developed an innovative Clinical Quality Consultant (CQC) program.

- CQCs consist of a diverse team of registered nurses who will serve as your individual point of contact.
- They assist in the education and management of clinical requirements that are part of Risk Adjustment, HEDIS®, State and CMS regulatory requirements, and other quality measures.



Need a current clinical quality consultants map?
Visit Iowa Total Care Territory Maps (iowatotalcare.com/territory-maps.html).

Provider Pay for Performance Programs

Quality Pay for Performance (P4P)

- **Program Goal:** To promote engagement with our member and improve quality metrics.
- **Objective:** To enhance quality of care through a Primary Care Provider (PCP)-driven contribution with a focus on preventative and screening services.

Health Home P4P

- **Program Goal:** To promote Health Home (HH) professionals/facilities engagement with our members and improve quality metrics.
- **Objective:** To enhance quality of care through a HH-driven program by focusing on preventative and screening services.

Provider Incentive Programs

Behavioral Health (BH) Incentive

- **Program Goal:** To promote BH professionals' engagement with our members to improve quality metrics.
- **Objective:** To enhance quality of care through a focus on follow-up care, preventative care and screening services.

Home- and Community-Based Services (HCBS)

- **Program Goal:** To increase health outcomes for LTSS members.
- **Objective:** To enhance quality of social determinants of health through increased participation of LTSS providers.

Provider Coding: Initial Prenatal Visit

- **Program Goal:** To improve maternal and infant health.
- **Objective:** To enhance communication with pregnant members through provider interaction.

Provider Incentive Programs, *continued*

Continuity of Care (CoC)

- **Program Goal:** To identify high-risk members for care management/additional resources, close care gaps, avoid potential drug/disease interactions, promote routine preventative and chronic care services, and recognize/reward providers who collaborate to deliver quality care and improve documentation.
- **Objective:** To encourage providers to accurately assess members' pre-existing or suspected chronic conditions thoroughly.

Provider Pregnancy Incentive Program

- **Program Goal:** To identify pregnancies as early as possible, decrease barriers to prenatal/postpartum services and improve maternal and neonatal birth outcomes.
- **Objective:** To enhance communication with pregnant members through provider interaction.

HEDIS 101: Healthcare Effectiveness Data and Information Set

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA). NCQA holds Iowa Total Care accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership.

HEDIS rates can be calculated in two ways:

- **Administrative data** consists of claim or encounter data submitted to the health plan.
- **Hybrid data** consists of other administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but were not reported to the health plan through claims/encounter data.

How to Improve HEDIS Scores:

- Understand the specifications established for each HEDIS measure.
- Submit claim/encounter data for each, and every service rendered.
  - All providers must bill or report by encounter submission for services delivered, regardless of contract status.
  - Claim/encounter data is the most clean and efficient way to report HEDIS.
  - If services are not billed or not billed accurately, they are not included in the calculation of a provider's quality score.
- Ensure chart documentation reflects all services provided.
- Bill CPTII codes related to HEDIS measures such as BMI calculations, eye exam results and blood pressure readings.

For additional information, visit the HEDIS webpage (iowatotalcare.com/providers/quality-improvement/hedis.html).

CAHPS®: Consumer Assessment of Healthcare Providers & Systems

CAHPS is a standardized patient survey developed by the Agency for Healthcare Research and Quality (AHRQ) to determine patient satisfaction with their providers, health plan and healthcare.

What does the survey ask patients about their physicians?

- Explaining things in a way that is easy for the patient to understand.
- Listening carefully to the patient.
- Showing respect for what the patient had to say.
- Spending enough time with patient.
- Advising the patient on health improvement strategies.
- Seeming informed and up-to-date about the care the patient got from their specialist(s).

How to Improve CAHPS Scores

Providers can directly influence their CAHPS scores with every interaction they have with their patients. ALERT is a model intended to help physicians.

- **A**lways,
- **L**isten to patients carefully,
- **E**xplain in an understandable way,
- **R**espect what the patient says, and
- **T**ime management perceptions.

For more information, visit the CAHPS® Corner webpage
(iowatotalcare.com/providers/quality-improvement/cahps--corner.html).

Behavioral Health (BH) ECHO Survey

BH ECHO (Experience of Care and Health Outcomes) survey is a standardized patient survey developed by the Agency for Healthcare Research and Quality (AHRQ) to assess and improve the patient experience with behavioral health, mental health, and/or substance abuse services.

What does the survey ask patients about their experience?

- Getting treatment quickly.
- How well clinicians communicate.
- Informed about treatment options.
- Access to treatment/information from health plan.
- Office wait time.
- Informed about medication side effects.
- Received information about managing condition.
- Informed about patient rights.
- Ability to refuse medication and treatment.
- Rating of counseling or treatment.

How to Improve BH ECHO Scores

Providers can directly influence their BH ECHO scores with every interaction they have with their patients. ALERT is a model intended to help physicians.

- **A**lways,
- **L**isten to patients carefully,
- **E**xplain in an understandable way,
- **R**espect what the patient says, and
- **T**ime management perceptions.

Member Outreach

Effective Frequency of Contacts

- Increase awareness/education of preventative and chronic care wellness, to positively influence members intent to activate care.

Channel Maximization

- Utilization of multiple channels to influence member behavior while building a plan to engage members holistically:
  - Auto dialer calls (POM), texting, electronic (website/portal), community engagement, live calls, and mailings.

For more member information, visit the Member Quick Links webpage (iowatotalcare.com/members/medicaid.html).

Member Outreach

Member Incentive Program: My Health Pays® Rewards

What is it?

- Rewards program for members to encourage preventative care.

How to Earn:

- Member completes healthy activities like a yearly wellness exam, annual screenings, tests and other ways to protect their health.
- Provider submits claim with correct code to prompt reward.

Where to Spend Rewards:

- Hy-Vee and Walmart/Sam's Club for everyday items.
- Household utilities.
- Phone bills (cell phone or home phone).
- Public transportation or rideshare *(card cannot be used for gasoline).*


iowa total care | Ia | Hawki

You can earn My health pays® REWARDS from Iowa Total Care when you complete healthy activities!

START EARNING TODAY!

$30 For Completing Initial Health Risk Screening. Must complete within 90 days of initial enrollment.

$30 Annual Health Risk Screening. Must complete yearly after being an Iowa Total Care member for 9 months. Once per enrollment year.

$20 Notification of Pregnancy Form. Must complete within first trimester.

$15 Notification of Pregnancy Form. Must complete within second trimester.

$40 First Trimester Prenatal Visit. Must complete appointment with a provider within first 12 weeks of pregnancy.

$20 Postpartum Doctor Visit. 1–12 weeks after delivery.

$20 Annual Breast Cancer Screening. Females ages 40–74. Once per calendar year.

$15 Diabetes Care HbA1c Test. Ages 18–75 with diagnoses of diabetes. May earn 2 times per calendar year.

$15 Diabetes Care Retinopathy Screening/ Dilated Eye Exam. Ages 18–75 with diagnoses of diabetes. Must be completed with eye doctor. Once per calendar year.

$30 Tobacco Cessation Coaching. Enroll with Iowa Quitline and complete all 5 coaching sessions. Once per calendar year.

$30 Tobacco Cessation Quit Aid. Must fill a prescription for one quit aid such as nicotine gum, lozenges or patches. Once per calendar year.

$25 Stakeholder Advisory Board (SAB) Meeting. SAB meetings are held four times per year/once per quarter with Iowa Total Care. May earn reward four times per calendar year, by attending each meeting.

$20 Infant Well Care Visit. Must complete all six visits with assigned Primary Care Provider (PCP). 2-, 4-, 6-, 9-, 12- and 15-month infant well care visits.

$20 Early Child Well Care Visit. Ages 15–30 months. Must complete two visits with Primary Care Provider (PCP) during this age range to earn one reward.

$20 Annual Child Well Care Visit. Ages 3–20. Once per year.

$20 Annual Adult Well Care Visit. Ages 21 and up. Once per year.

$10 Annual Flu Vaccine. Ages 18 and up. Once per flu season. September-April.

For questions about rewards impacting Medicaid eligibility or client participation, please contact your Medicaid Income Maintenance Worker.

IT PAYS TO STAY HEALTHY. You will receive your My Health Pays Visa® Prepaid Card when you earn your first reward from Iowa Total Care. Each time you complete a qualifying healthy activity, we are notified, and your reward dollars will be added to your existing card. It's that simple! Learn more at IowaTotalCare.com or call toll-free 1-833-404-1061 (TTY: 711).

Check your reward balance and more on Iowa Total Care's secure member portal and mobile app

This card is issued by the Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

Iowa Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call 1-833-404-1061 (TTY: 711).

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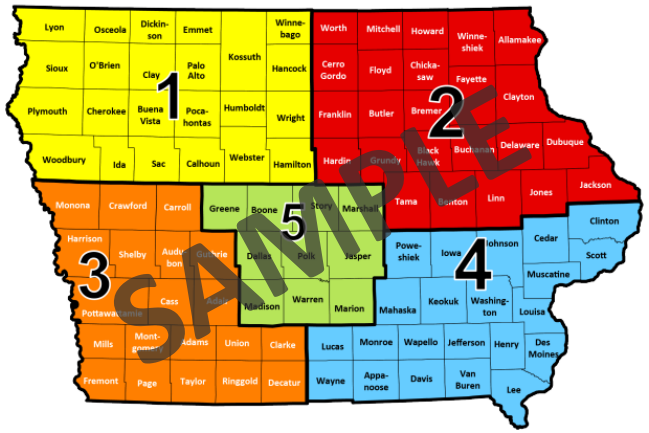
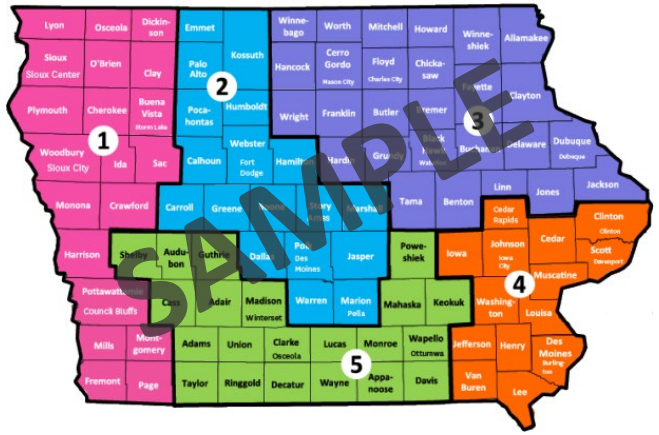
Additional Questions:

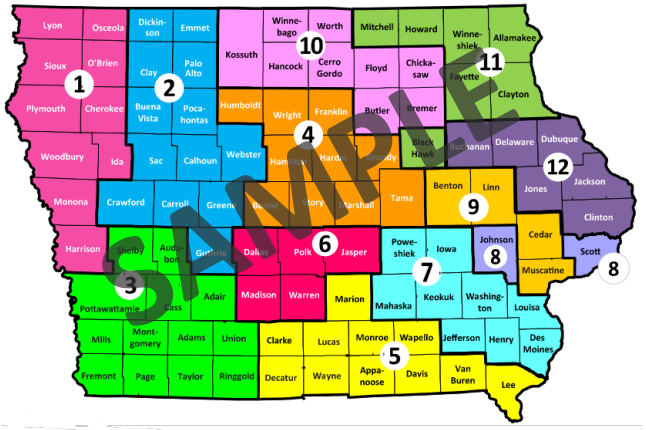
- Visit the My Health Pays Common Questions webpage (iowatotalcare.com/members/medicaid/benefits-services/healthy-rewards-program/my-health-pays-common-questions.html).
- For My Health Pays Rewards Information & Codes flyer visit the Manuals, Forms and Resources webpage (iowatotalcare.com/providers/resources/forms-resources.html).
- For more member information, visit the Member Quick Links webpage (iowatotalcare.com/content/iowatotalcare/en_us/members/medicaid.html).

Resources

Resources: Iowa Total Care Territory Maps







For the most up-to-date provider relations specialist, clinical quality consultant, and LTSS community-based case manager territory maps visit the Iowa Total Care Territory Maps webpage (iowatotalcare.com/providers/resources.html).

Resources: IM and Health Plan Information

Iowa Medicaid	
Iowa Medicaid Provider Services	IMEProviderServices@dhs.state.ia.us 1-800-338-7909 or 1-515-256-4609 TTY: 1-800-735-2942 Fax: 1-515-725-1155

Health Plan Information	
Website	IowaTotalCare.com
Mailing Address	Iowa Total Care 1080 Jordan Creek Parkway, Suite 400 South West Des Moines, IA 50266
Fraud, Waste and Abuse Ethics and Compliance Officer Email	1-866-685-8664 1-833-404-1064 (TTY: 711) Compliance@IowaTotalCare.com

Resources: Iowa Total Care Vendor Support

Resource	Contact Number	Website
24/7 Nurse Advice Line for Members	1-833-404-1061 (TTY: 711)	IowaTotalCare.com
Language Access Services	1-833-404-1061 (TTY: 711)	**For the member Language Access Services Request Form, visit the member Language Services webpage** (iowatotalcare.com/members/medicaid/language-services.html#form). **For the provider Language Access Services Request Form, visit the provider Language Services webpage** (iowatotalcare.com/providers/resources/language-services.html).
Access2Care	1-877-271-4819	**For information on transportation, visit the Non-Emergency Medical Transportation (NEMT) webpage** (iowatotalcare.com/members/medicaid/benefits-services/transportation.html).

Resources: Iowa Total Care Partners

Vendor Partner	Contact Information	Website
Envolve Vision	Provider Participation: 1-800-531-2818 Claims: 1-833-564-1205	visionbenefits.envolvehealth.com
Pharmacy Network Services	Centene Pharmacy Services: 1-833-587-2012 Fax: 1-833-404-2392 Express Scripts Pharmacy Claims: 1-833-750-4405	Express Scripts Pharmacy Claims: esiprovider.com
CareBridge (EVV)	1-844-343-3653 Email: IAEVV@CareBridgeHealth.com	carebridgehealth.zendesk.com/hc/en-us
Evolent	1-866-493-9441	www1.radmd.com
Payspan	1-877-331-7154	payspanhealth.com

Resources: Iowa Total Care Partners

Vendor Partner	Contact Information	Website
Virtual Credit Card (VCC)	1-800-317-9280	echovcards.com
Teledoc Health	**For Member Support:** 24/7/365 1-800-835-2362	teladochealth.com
SafeLink	1-877-631-2550 For Members to apply for this program, use promo code IATOTALCARE.	SafeLink.com

Thank you for attending!
Questions?

Copies of training and educational materials can be obtained from IowaTotalCare.com.